



Texas Department of Health

William R. Archer III, M.D.
Commissioner of Health

Patti J. Patterson, M.D., M.P.H.
Executive Deputy Commissioner

Bureau of HIV and STD Prevention
1100 West 49th Street
Austin, Texas 78756-3199

(512) 490-2505
Fax (512) 490-2544
<http://www.tdh.state.tx.us/hivstd>

HIV/STD Epidemiology Division
(512) 490-2545 - Fax (512) 490-2536

HIV/STD Health Resources Division
(512) 490-2515 - Fax (512) 490-2538

Pharmacy Division
(512) 458-7500 - Fax (512) 458-7489

July 19, 1999

Dear Colleague:

The present structures for planning Ryan White HIV services and for delivery of those services has not changed since these systems were developed in early 1991 as a short-term response to a rapidly developing epidemic. However, recent advances in HIV treatment, the continued rise in HIV infection, federal grantors requests for cost and efficiency outcome data and the need for long-term, sustainable planning processes mean that the emergency systems developed early in the epidemic no longer effectively serve the community or the clients in this new environment.

The current planning system requires an enormous amount of community input and effort. However, many factors mitigate against building and sustaining effective community/consumer presence on planning bodies:

- # the approaches to community-based planning and decision making required by federal grantors require the use of very sophisticated, time-consuming decision-making and planning techniques;
- # many consumers and some providers do not possess the knowledge about service delivery systems, health planning, behavioral science and epidemiology;
- # the complexity of planning models and lack of capacity has often led to shallow or uneven assessment of needs and lack of focus on outcome;
- # rural and less populated areas have little or no capacity upon which to build;
- # persons with HIV disease may not be well enough to participate and/or feel at liberty to share their HIV status; and
- # community planning groups focus on categorically-funded program areas almost exclusively (e.g., HIV services only, HIV prevention only) which leads to duplication of labor intensive processes and typically excludes efforts to improve STD prevention programs.

Dear Colleague

Page 2

July 19, 1999

The result is that scant community participation in planning bodies has left HIV service providers as key, if not the only participants, in the planning process. Even non-provider participants are often aligned with a service provider. This has led to both real and perceived conflicts of interest.

The current system of delivering HIV health and social services has resulted in a system in which most of these agencies which are charged with administering funds must also provide direct client services. Many agencies do not have the capacity to effectively do both. Additionally, because administrative agencies must conduct competitive processes to identify service providers, they often find themselves competing with other providers for funding. Community members and other agencies often perceive this to be a severe conflict of interest.

Consequently, addressing the above inadequacies results in staff at the Texas Department of Health (TDH) Bureau of HIV/STD Prevention (Bureau) having little time to perform their primary roles: assess, monitor and evaluate the quality of services, manage state and federal funds and provide outcome and cost measures. Instead, they are completing or conducting activities that are rightfully the community's role and addressing constant rounds of "hot spots" in the State that require heavy investments of resources.

Therefore, the TDH Bureau will restructure the planning groups for HIV prevention and services, as well as the current HIV health and social service delivery system. The new structure will mean larger planning "catchment" areas, as well as fewer administrative agencies. Additionally, we will work to limit the number of administrative agencies that both administer funds and provide services. It is important to understand that, by reducing the number of administrative agencies, we mean reducing the number of agencies charged with administering direct TDH grants. We do not intend for this restructuring to reduce the number of agencies providing services in communities across Texas.

Below is a list of strategies that will be implemented:

- # The TDH will reduce the number of consortia and integrate planning processes for HIV services, HIV prevention, and STD prevention.
- # The TDH will broaden the charge given to planners to focus on multiple funding streams and/or scopes of interest, and will simplify the planning processes to minimize the learning curves of participants and increase community access to planning processes.
- # The TDH will reduce the number of administrative agencies in order to capitalize on existing strengths. This restructuring and integration process will not reduce the amount of money available for HIV and STD Services to any HIV Service Delivery Area (HSDA).

Dear Colleague

Page 3

July 19, 1999

The community planning groups (CPGs) for HIV prevention planning have already developed recommendations to the Bureau for restructuring their processes and catchment areas, and are moving forward with restructuring by addressing related issues and the impact this transition will have on their CPGs. The Bureau will consider their recommendations carefully as we look at broadening the restructuring issues outlined above.

As stated above, the restructuring and integration process will not affect the amount of money allocated to an HSDA to provide HIV health and social services. The Bureau will need to work collaboratively and in partnership with the community to achieve successful implementation.

In order to implement the above changes to the Ryan White planning bodies, the Bureau will create an external workgroup made up of community stakeholders (community members, administrative agencies, service providers, consumers) that will make **recommendations** to the Bureau regarding:

- # criteria for developing new planning catchment areas around the State; and
- # methods for implementing the strategies for restructuring.

If you are interested in participating on the external workgroup, please call Mr. Larry Cuellar, Special Projects Manager at (512) 490-2525 (community members and clients only may call 1-800-299-2437). The workgroup will be made up of a **limited** number of participants representing diverse backgrounds and viewpoints. Those interested in participating should call before August 10, 1999.

Additionally, once TDH has determined the new planning areas, meetings will be conducted in each of the new planning areas to facilitate changes to the new structure.

If you have additional questions or would like additional information, please call the Field Operations Team Leader assigned to your public health region at (512) 490-2520:

Hugh Ramsey	Public Health Regions 1, 2 and 3
Len Trevino	Public Health Regions 7,8,9 and 10
Dolores Alvarez	Public Health Regions 4/5, 6 and 11.

Additionally, you may contact any of the following: Mr. Larry Cuellar, Special Projects Manager; Ms. Kitten Holloway, Planning Unit Manager; Ms. Janna Zumbrun, Field Operations Branch Manager; or Mr. Casey S. Blass, HIV/STD Health Resources Division Director at (512) 490-2515. We look forward to working with you to create improved systems for HIV/STD planning and HIV health and social service delivery.

Sincerely,

Rose M. Brownridge, M.D.
Acting Chief, Bureau of HIV and STD Prevention